


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B9800000508	
1. Entity Name JENNINGS ROAD PARTNERS L.P.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:38

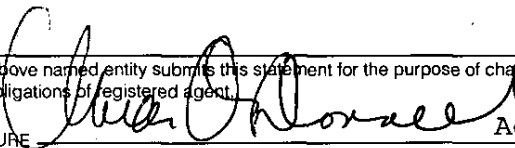
Principal Place of Business 2440 SE FEDERAL HIGHWAY STUART, FL 34994	Mailing Address P.O. BOX 359 STUART, FL 34995
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2. Principal Place of Business	3. Mailing Address	03082004	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For	
City & State	City & State	65-0845256	Not Applicable	
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SHARFF, BURTON G 2315 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406		Name	Char O'Donnell, Administrator	
		Street Address (P.O. Box Number is Not Acceptable)	2440 SE Federal Hwy, Suite 600	
		City	Stuart	FL 34994

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Administrator 3-11-04
DATE

9. Capital Contributions as Shown on record. \$450,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GARRIS, STANLEY R	STREET ADDRESS	
NAME	75356 AUGUSTA DRIVE	CITY-ST-ZIP	500032101975
STREET ADDRESS	INDIAN WELLS, CA 92210		04/07/04--01049--027 **526.25
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Stanley R. Garris 3-11-04 772-287-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #